

Nevada State Board of Equalization <u>Assessor</u> Petition for Appeal from

the Decision of the County Board of Equalization

If you have questions about this form or the appeal process, please call: (775) 684-2160
Email completed form to: ANITA.MOORE@tax.state.nv.us or Fax (775) 684-2020
PROPERTY OWNERS MUST NOT USE THIS FORM. USE FORM 5101SBE.

Please Print or Type:

Part A. ASSESSOR INFORMATION	ON					
NAME OF ASSESSOR AND COUNTY TITLE :						
NAME OF ASSESSOR REPRESENTATIVE				TITLE		
MAILING ADDRESS (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:		
, ,						
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
Part B. PROPERTY OWNER AND		ONDENT IN	NFORMATION			
NAME OF PROPERTY OWNER AS IT APPEARS ON THE TA	X ROLL:					
NAME OF RESPONDENT (IF DIFFERENT THAN PROPERTY	OWNER LIS	TED ABOVE):		TITLE		
MAILING ADDRESS OF RESPONDENT (STREET ADDRESS	OR P.O. BOX	X)		EMAIL ADDRESS:		
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER	
			()	()	()	
□ Sole Proprietorship □ Limited Liability Company (LLC) □ □ Other, please describe: The organization described above wa The organization described above is a Part D. PROPERTY IDENTIFICA 1. Enter Physical Address of Proper ADDRESS STREET/ROAL	s formed a non-pro	d under the la	Partnership ws of the State or on. Yes		Tovernmental Agency	
2. Enter Applicable APN or Accoun	ıt Numb	er from asse	essment notice o	or tax bill:		
ASSESSOR'S PARCEL NUMBER (APN)		<u> </u>	ACCOUNT NUMBER			
3. Does this appeal involve multiple	parcels	s? Yes □ 1	No □	List multiple parcels	on a separate, letter-sized sheet.	
If yes, enter number of parcels:		Multi	ple parcel list is a	ttached.		
4. Check Property Use Type: ☑						
□ Vacant Land □ Mobile Home (Not on foundation) □ Mining Property □ Residential Property □ Industrial Property □ Industrial Property □ Personal Property □ Personal Property □ Possessory Interest in Real or Personal property					Property	
5. Check Year and Roll Type of Ass	sessmei	nt being app	ealed: ☑			
☐ 2016-2017 Secured Roll			Unsecured Roll	□ 2015-	-2016 Supplemental Roll	
☐ 2016-2017 Centrally-assessed Rol	<u> </u>	3 2015-2016	Net Proceeds Ro			
Other years being appealed:	permits th	e State Board to c	consider appeals of tax	able value from prior ye	ars.	

Form 5103SBE

Part E. VALUE OF PROPERTY

	As established by County Board of Equalization		Assessor: What is the value you seek? Write N/A on each line for values which are not being appealed.		
Property Type	Taxable Value	Assessed Value	Taxable Value	Assessed value	
Land					
Buildings					
Personal Property					
Total					

Total				
Part F. TYPE OF APPE		te Board to take jurisc	liction to hear the appeal.	
				ner is aggrieved at the action of the luation or non-assessment of other
NRS 361A.240(2)(b): The ur	nder-or-over valuation of o	pen-space use property	is being appealed	
` ,	• •			a higher use and for valuations for 16 and the appeal was heard by the
NRS 361.360(1); NAC 361.74	47(2)(c): The property was	denied an exemption t	hat is allowed by law. If so, o	describe the applicable exemption:
Other reason, please describe				
IN THIS APPEAL. Part H. COUNTY APPEA County in which appeal was heard:	AL INFORMATION County Case		Date Heard by	County:
		VERIFICATIO	N	
	ding any accompan			that the foregoing and all e, correct, and complete to
Petitioner Signature		Title		Date

For Clerk Use Only		